

E 687

E 93

copy 2



E 687

.E93

Copy 2

EXCERPTS

FROM

OPINIONS OF DISTINGUISHED MEDICAL  
MEN IN THIS AND OTHER COUNTRIES  
JUSTIFYING THE TREATMENT  
OF THE LATE PRESIDENT  
GARFIELD,

TOGETHER

With a letter in reply to the resolution of the Special  
Committee of the House of Representatives  
referring to the expenses consequent  
upon his illness and death.



WASHINGTON, D. C.

GIBSON BROTHERS, PRINTERS.

1882.

E 687

.E93

copy 2

## EXCERPTS.

---

*British Medical Journal, July 9, 1881.*

“The distinguished patient could not be under better surgical care than is to be found in Washington. The vast experience gained during the war of the rebellion in the United States has diffused an immense amount of knowledge concerning gunshot wounds and their treatment among army surgeons in that country, and several of the most eminent among them are connected with the case,” &c.

*British Medical Journal, August 20, 1881.*

“The surgical treatment has been severely criticised in some quarters, very unfairly, as it seems to us, inasmuch as the attacks upon the course pursued have been made without an opportunity of personal observation of the case, and without making any allowance for the difficulties in which the surgeons in attendance upon it have been placed.” \* \* \* “So far as the facts which have been successively announced in the official bulletins are concerned, nothing has been mentioned which has been inconsistent with what might be expected to take place in any case of a bullet wound, in which a bone has been struck and the bullet so diverted that it has been caused to pursue a deep and tortuous course in muscular tissues, and to pass out of reach of observation or detection by the surgeons.”

*Same Journal, December 17, 1881.*

“After analyzing the statements of Drs. Hammond, Sims, Ashurst, and Hodgen, in the *North American Review* for December, 1881, we fully concur with Dr. Sims in the previous assertion made by him that the wound of the late Presi-

*dent was as certainly mortal as the wound of President Lincoln. The difference was only one of time."*

*New York Medical Journal, November, 1881,*

Says, regarding English criticisms on the long and painful conflict of surgery with the injury dealt to our lost President :  
 "Truly the modern art of surgery in all its fulness—not the mere individual capabilities of the little knot of men who stood as its representatives—was brought to bear upon this case," &c.

"Also, if any of Dr. Bliss' questions as appended by him to his account of the case in the *Medical Record* of October 8, 1881, can be so answered as to show that in any respect the conduct of the case could, without the light thrown upon it by the autopsy, have been better carried out, we trust that such answer will be brought forward speedily and boldly. We have nothing but praise for the surgeons as regards their actual management of the case."

*Boston Medical and Surgical Journal, September 8, 1881.*

"A lenient judgment must, however, be invoked for the physicians who have borne the task of an attendance, the trying nature of which can be easily understood, and we ought to congratulate ourselves that no change has taken place in the personnel of the President's medical staff."

*Same Journal, September 22, 1881.*

"No one, we believe, is in a position to say that the wound was not from the beginning of a necessarily fatal character, or that other measures than those taken could have averted the result we all deplore."

*Boston Medical and Surgical Journal, September 22, 1881.*

"It is plain, and is generally acknowledged, that no good and much harm would have resulted from any serious attempt to

extract the ball, even had it been possible to determine its exact situation."

*Medical Record, August 13, 1881.*

"In the light of the facts that are furnished the public it is easy to understand the extreme caution of the surgeons as to probing the wound."

*Same Journal, August 6, 1881.*

"We take pleasure in affirming again that the treatment of the President is thus far beyond criticism, and it is fair to suppose that so long as the present medical staff remains in attendance nothing will be left undone to insure the comfort, safety, and recovery of the illustrious patient."

*Same Journal, August 20, 1881.*

"As might have been expected, the management of this case has been open to much criticism by the secular press. It is to the credit of the profession, and especially of the gentlemen in charge of the case, that so little can be said concerning what might have been done and what was not done. *Despite the journalistic prescribers in some of our leading dailies, the people have continued to maintain a confidence in the attending and consulting surgeons which is as gratifying as it is necessary. There seems to be, justly, but one sentiment entertained both by the profession and the public regarding the judicious manner in which this case has been treated from the beginning.*"

*Same Journal, September 24, 1881.*

"It is, we believe, the general verdict of the profession that the late President received all the aid which medical science, intelligently applied, could furnish. Looking back upon the case, even with the light of the autopsy before us, it is impossible for any one to say that any different mode of treatment would

have saved the President; and furthermore, we may claim that medical art prolonged for months a life which might otherwise have ended in a few days or weeks. We believe that this can be truthfully said, and that it will be echoed and endorsed by the medical profession."

*Same Journal, September 26, 1881.*

"No means of more thorough exploration of the wound could have been safely employed."

*Drs. Sims, Ashurst, and Hodgen in the North American Review* "frankly acknowledged that the wound was essentially fatal; that the error of diagnosis was, under the circumstances, unavoidable; that the treatment was in accordance with accepted principles in surgery, and that in reality nothing more could have been done to prolong the life of the lamented sufferer."

*Cincinnati Lancet and Clinic, September 24, 1881.*

"No blame can be attached to the surgeons in attendance upon the President for abstaining from instrumental interference with a view of locating the ball. \* \* \* What skill and science could do was done. *The surgeons in attendance merit the gratitude of our people alone; there is nothing deserving of reproach.*"

*Pacific Medical and Surgical Journal, San Francisco.*

"He was in able hands, well known to the profession in Europe as well as in America."

*Canada Lancet, September 1, 1881.*

"Everything is being done for the patient that can be done. Every confidence is very justly reposed in his medical advisers, and, *come what may, there can be no cause for blame attached to them.*"



*Medical News and Abstract, Philadelphia, October, 1881.*

The publication in the current number of the *American Journal of the Medical Science* of the official report of the autopsy upon the body of President Garfield will, we trust, while satisfying the legitimate curiosity of the profession and of the laity, at the same time effectually and permanently quiet the unfriendly criticism of the surgical treatment of the case in which part of the daily press has so freely indulged and from which, we regret to observe, some medical journals, without full knowledge of the case, have not thought proper to abstain.

"The discoveries of the autopsy, taken in conjunction with what is known of the clinical history, will at once make apparent to the profession the good common sense, admirable conservatism, and sound surgical treatment and judgment which have characterized the management of the case from first to last, and although the non-medical mind may be slower to comprehend the questions at issue, it will not be long before the same conviction forces itself upon the people at large.

"We know beyond the possibility of a doubt that no human skill could have averted the fatal result; but we find, moreover, that even in the searching light of the careful and thorough post-mortem examination it is difficult, if not impossible, to suggest any modification of the treatment, even in minor points, which would have made it better adapted to the exigencies of the case."

\* \* \* \* \*

From this general consideration of the history of the case, viewed in the light thrown upon it by the details of the autopsy, we may safely conclude:

1st. That the treatment at the time of the reception of the injury, immediately subsequent to it, was that rendered proper by the condition of collapse which then existed.

2d. That on reaction taking place, a sufficient, thorough, and careful examination was made with the finger and the probe.

3d. That when the consulting surgeons were called in and found that this had been done, they very properly, and in ac-

cordance with well-established and universally-recognized rules of surgery, refrained from repeating that examination.

4th. That even if these rules had been disregarded and such examination had been made, it would have determined nothing of practical importance as regards the subsequent treatment.

5th. That wherever pus accumulations had taken place, they were properly opened by free incisions made at the most dependent portions.

6th. That these incisions drained not only the course of the abscess, but communicated freely with that portion of the spine which had been penetrated, and, therefore, with the track of the ball; and the completeness of the drainage is shown by the absence of pus accumulations either in the locality traversed by the ball or in the iliac or lumbar regions.

7th. That the damage done to the cancellated tissue of the lumbar vertebra was sufficient in itself to explain the septic state of the system, which in time, and independent of the ball, (which proves to have become harmless,) would have destroyed the life of the patient.

*College and Clinical Record, Philadelphia, October, 1881.*

“The careful methods of exploration pursued by the attending surgeons will commend themselves to the attention of the profession and the public as full commensurate with the importance of this celebrated case. The study of the autopsy will bring to the mind of the most sceptical a thorough and persuasive vindication of his careful, conscientious, and indefatigable medical attendance—a vindication that was not deemed necessary by those who had honestly placed their faith in their skill and discretion during the many weeks of suffering through which their distinguished patient so uncomplainingly struggled.”

*Medical Press and Circular, (London,) October, 1881.*

“The general verdict of the profession is that the President received all the aid which medical science, intelligently applied,

*could furnish. It is held that, looking back upon the case by the light of the autopsy, it is impossible for any one to say that a different line of treatment than that pursued would have saved the President's life, and further, that medical art prolonged the life which otherwise might have ended in a few days."*

*Virginia Medical Monthly, September, 1881.*

"The President's condition is a subject of such deep interest to every American that we are not surprised at the eagerness so generally manifested by the medical press to speculate as to the result. *We have seen many ridiculous descriptions and surmises on the subject put in print by doctors, who, in this instance, manifest no greater intelligence than the laity, as to the nature of the wound.* By such a course the profession lays itself liable to have further odious epithets and taunts thrown at it. Not one of the six distinguished medical men now in attendance upon the President has yet been able to trace the track of the ball, or to locate its present position with satisfactory definiteness to warrant them in announcing an opinion—although these gentlemen are the only surgeons who have ever had an opportunity of examining the wound. \* \* \*

*Whatever may be the result now, even if fatal, we would feel resigned as we would live in the belief that everything had been done for the restoration of the President that human skill could accomplish."*

*Annales D'Hygiene Publique et de Médecin Legale, Paris, Février 1882,*

Contains an account of the post-mortem and remarks "that treatment was fully justified by the results."

*Philadelphia Medical Times, October 8, 1881,*

In its London letter, says: "When, however, the suppuration of the gland ceased to form new points of pus, then again hope became buoyant that his magnificent constitution, his high cour-

age, judicious nursing, and consummate medical skill, all combined, would bring him through ultimately. \* \* \* The medical management of the case has never been hostilely criticised, in my hearing at least—nothing, but whatever occurs the public of Great Britain will ever feel that in a terrible emergency *the medical profession has acquitted itself with distinguished skill, and has deserved well of all.*"

*Extracts from a Review of some of the more important Surgical Problems of President Garfield's Case, by J. William White, M. D., Demonstrator of Surgery and Lecturer on Operative Surgery in the University of Pennsylvania, Surgeon to the Philadelphia Hospital, Fellow of the American Surgical Association, etc. Philadelphia, 1882.*

Its motive is to be found in the fact that numerous articles which have from time to time appeared in both the medical and the lay press, seem to indicate that in the minds of many intelligent people, within and without the profession, there is still much misconception regarding several important points in the case of the late President Garfield.

In bringing together the facts which I shall mention I have especially consulted the official report, published in the *American Journal of the Medical Sciences* for October, 1881, and have carefully perused the excellent articles of Drs. Ashhurst, Hunt, Sims, Holgen, Shrady, Weise, Kumar, Schüssler, Figuieria, and others, as well as the editorials and criticisms of the medical press of this and foreign countries.

The points which it seems worth while to consider, on account both of their general surgical interest, and of the misconception alluded to, and which may be taken up seriatim, are as follows:

1. Did the relative positions of the patient and assassin at the time of the shooting afford any indication of the course of the ball as revealed at the autopsy?

2. Was it probable that at any time the ball could have been detected or located by the use of probes ; and if so, should such an endeavor have been made ?

3. Did the subjective symptoms indicate anything more serious than nerve injury or spinal concussion ; or, in other words, did they furnish reliable material for diagnosis ?

4. Was the subsequent treatment in any way whatever hurtful or defective, or could it have been modified with advantage, if the exact character of the injury had been known ?

5. What was the immediate cause of death ?

6. Was the wound necessarily a mortal one ?

"Occasionally,<sup>1</sup> when the trunks of nerves are directly injured (not divided, but violently pushed aside,) the wound will be accompanied with intense pain, but none will be experienced locally ; the pain which is felt will be referred far away from the tract of the projectile to some distant part to which the nerves are distributed. \* \* \* Less rare cases are those in which pain is not only felt in the wounded limb, but reflex pain is also felt in the opposite uninjured limb," &c.

"Nerve injuries may also cause pain which, owing to inexplicable reflex transfers in the centres, may be felt in remote tissues outside of the region which is tributary to the wounded nerve."<sup>2</sup>

"In Case IV, Hutchinson's Series, p. 313, the median and ulnar nerves being injured, there was pain in the unhurt hand. Pirogoff, p. 384, has similar instance from injury to the right brachial plexus.

"In two cases wounds of one leg seemed to the patient to be truly in the other."<sup>3</sup>

So far as I know all the diagnoses of spinal injury which were claimed to have been made in different parts of the country first appeared after the publication of the autopsy, and this is rather to the credit of their authors than otherwise, as certainly no one having merely those symptoms submitted to him

<sup>1</sup> Gunshot Injuries, their History, Nature, and Treatment by Surgeon-General T. Longmore, London, 1877, p. 145.

<sup>2</sup> Injuries of Nerves by S. Weir Mitchell, M. D., Philadelphia, 1872, p. 193.

<sup>3</sup> Ibid., p. 146.



in a similar case to-day would be justified in asserting the existence of a fractured vertebra or a grave injury of the cord.

Prof. Kumar, of Vienna, after a lengthy criticism of the case in the light of the clinical history and the autopsy, wrote :<sup>1</sup>

“Evidences of paralysis in the region of the lower extremities were never noticeable; the only symptoms of disturbance of nerve function were those already mentioned—hyperæsthesia of the skin of the feet and ankles and of the right half of the scrotum—which at the end of the first week had entirely disappeared. From all these symptoms no conclusion as to the course of the ball could be drawn.”

Lidell says :<sup>2</sup>

“The general symptoms of gunshot fracture of the spine are not essentially different from those which are present in other forms of that injury, and they are referable mainly to paralysis, either partial or complete, (but commonly the latter,) of all the muscular apparatus supplied with spinal nerves given off at or below the seat of fracture.”

Hamilton<sup>3</sup> wrote in 1865 :

“In a few cases a ball has been known to pass through the side of the body of one of the vertebrae, leaving a round hole or a lateral furrow, without coming in contact with the spinal marrow or the blood-vessels. It is not probable that we shall be able to diagnosticate such a case clearly during the life of a patient, and if we were able to do so we do not see what benefit could be derived from any surgical operation.”

Legouest<sup>4</sup> says :

“It is always very difficult, if not impossible, to be assured that the bodies of the vertebrae are injured when there are no symptoms of a lesion of the spinal marrow. The surgeon in most of these cases is constrained to leave them to the efforts of nature, watching for the appearance of those accidents which may accompany the presence of foreign bodies, and which are

<sup>1</sup> Präsident Garfield's Verwundung, von Primararzt Dr. Kumar, Wiener medizinische Blätter, November 10, 1881.

<sup>2</sup> American Journal of the Medical Sciences, vol. xlviii, p. 311.

<sup>3</sup> Military Surgery, p. 338, quoted by Dr. Hunt.

<sup>4</sup> Treatise on Military Surgery.

aggravated in such cases by the importance of the organs in the neighborhood of the wound."

Agnew<sup>1</sup> says of fractures of the vertebræ :

"Except in fractures of the spinous processes, where the damaged part is entirely accessible to the touch, we cannot affirm the existence of such an injury with any degree of certainty. The presence of certain symptoms following a sufficient cause furnishes ground for supposing the existence of a fracture, and yet these may all be present without any injury of the kind. The prominent symptom is paralysis."

Authorities to this effect might be multiplied indefinitely, but the question hardly admits of dispute.

If, then, a study of the positions of the wounded man and his assailant was without diagnostic value; if probing to any extent was strongly contraindicated, and could not possibly have resulted in anything but harm; and if the subjective symptoms were not distinctive, or were positively misleading, it is evident that the materials for definitely determining the character of the injury were altogether wanting. Much has been written in regard to "mistaken diagnosis," even by gentlemen who intended to defend the management of the case; but it has always seemed to me that this did not fairly state the situation. An "absence of diagnosis" on account of a total lack of necessary evidence would have more nearly expressed it, and every surgeon of experience knows how frequently and how unavoidably this occurs.

The laceration of the cancellated structure of the first lumbar vertebra doubtless contributed largely to the production of the septicæmic condition, which was in nowise due to lack of proper or sufficient drainage. More favorable circumstances for its production than existed in the comminuted and softened cancellous tissue, with its open venous sinuses, bathed in ichorous pus, could hardly be imagined.<sup>2</sup>

<sup>1</sup> The Principles and Practice of Surgery, Philadelphia, 1878, vol. i, p. 825.

<sup>2</sup> "A long, interrupted, and sinuous shot-wound, with several fractured bones in its course and terminating in the neighborhood of the abdominal cavity, necessarily presents every facility for unhealthy suppuration, the formation of secondary abscesses, the retention of pus, and all their accompanying inseparable and unavoidable evil consequences."—Kumar, *op. cit.*

The fact that drainage was thorough and complete, and that no portion of the unfavorable symptoms was due to neglect in this respect, was fully established by the absence of purulent collections either along the track of the ball or in the passage caused by the burrowing of the pus. There was no time previous to the first operation at which the accumulated pus did not pass out of the original wound, but its exist was favored by gravitation after the two operations which brought the external openings on a low level, and enabled them not only to drain completely the iliac and lumbar regions, but also to carry away any discharge that may have come from the fractured vertebra.

Prof. Max Schüller, of Berlin, after a careful review of all these points, wrote:<sup>1</sup>

“ Even if a suspicion of the wound of the spine had arisen, the problem of treatment, which the attending surgeons were endeavoring with the greatest skill to solve, would have undergone no alteration.”

The treatment was cautious, but thorough, and no indication was overlooked or disregarded. Wherever collections of pus took place, they were properly opened by free incisions made at the most dependent portions. These incisions drained not only the course of the abscess, but communicated freely with that portion of the spine which had been penetrated, and, therefore, with the track of the ball, and the completeness of the drainage was shown by the absence of pus accumulations either in the locality traversed by the ball or in the iliac or lumbar regions. The treatment also as regards the other complications, the parotitis, bronchitis, dyspepsia, etc., was in the most marked degree careful and judicious, and, indeed, may be said to have prolonged the life of the patient for many weeks.

As to the immediate cause of death, it was, as has been stated, the rupture of an aneurism of the splenic artery. The ball itself had become encysted, and had given rise to no

<sup>1</sup>Deutsche medizinische Wochenschrift, No. 47, p. 634.



damage whatever, after the moment of its lodgement, but the injury to the cancellated tissue of the lumbar vertebra was sufficient to explain all the septicæmic symptoms, and in time would doubtless of itself have proved fatal.

6. In attempting to reply to the sixth and last question, as to whether or not the wound was necessarily a mortal one, much time and labor has been spent in a review of all the authorities bearing upon the subject. It may be said at once that in the whole range of surgical literature, civil and military, no similar case, followed by recovery, has ever been recorded, and this statement is made with the full knowledge that it has been asserted that such recoveries are not infrequent. In some instances these erroneous assertions may have been due to neglect properly to classify the cases, which are often very improperly reported. Of course, it is well known that fractures of the vertebral processes are not especially fatal injuries, and that a large proportion of them recover. Many of these are recorded under the general head of fractures of vertebrae, but evidently have no bearing upon the case in question.

What Lidell<sup>1</sup> *does* say, is that—

“ In the British army, during the Crimean war, there occurred ten cases of gunshot wounds with *fracture of vertebrae*, but without lesion of the spinal cord, of which six died and four recovered so far as to be invalided; there also occurred twenty-two cases of gunshot wounds with fractures of the vertebrae and lesion of the spinal cord, all of which died.”

On the very same page Dr. Lidell, who is truly described as one of the most experienced of our military surgeons, says:

“ Leaving out of the calculation such fractures as involve the spinous process alone, the writer has never seen a case of gunshot fracture of a vertebra get well, and he might add that he has never seen life prolonged for a month after the infliction of that injury.”

“ Attempts at extraction are dangerous and often useless,” and that “ only when when paralysis exists will it be necessary

<sup>1</sup> American Journal of the Medical Sciences, vol. xlviii, p. 317.

or prudent even to make incisions, or to search in the simplest manner for the foreign body or for spiculae of bone."

" In the Surgeon-General's Report, No. 6, one hundred and eighty-seven examples of gunshot fracture of the vertebrae are reported, of which one hundred and eighty died, and of seven which recovered not one was a fracture of *the body* of a vertebra."<sup>1</sup>

Demme<sup>2</sup> says :

" Extensive injuries or lodgment of balls in vertebrae or in the cord give rise either to death or incurable paralysis."

Gross<sup>3</sup> says :

" Gunshot wounds of the vertebrae, with lesion of the spinal cord, are nearly always, if not invariably, fatal. Of twenty-two cases of this kind in the English army, in the Crimea, not one recovered. Even when the bones alone are affected the danger is generally very imminent, most of the patients thus affected dying in a short time."

No instance of complete recovery after the latter injury was met with, and in those here alluded to, the actual seat of the fracture was in every case doubtful. No *perforating* wound with recovery is mentioned at all.

Space will not permit a more extended consideration of this subject, but I may add that, in addition to the authorities already quoted, the excellent writings of Alcock, Ballinger, Bell, Bird, Chevalier, Clowes, Cole, Demme, Guthrie, Hall, Hutchinson, Longmore, Ranby, Thompson, and Williamson have been consulted, and with a similar result.

*No undoubted instance of recovery after a compound comminuted or perforating gunshot fracture of the body of a vertebra has ever been recorded.*

The explanation of this fact is apparent to every one who carefully considers the nature of such an injury, the grave and manifold dangers which encompass it, and the almost infinitesi-

<sup>1</sup> Medical Record, 1867, vol. ii, p. 101. The italics here are Dr. Hamilton's.

<sup>2</sup> Military Surgery, edition of 1868.

<sup>3</sup> Treatise on Surgery, vol. ii, p. 82.

mal chance which the patient has, if he escape one or two or them, of avoiding them all.

In support of the foregoing statements, both as to the necessary fatality of the wound and as to the absolute correctness of the treatment in the President's case, it would be easy to adduce almost unlimited confirmatory evidence. The leading medical journals of the world have strongly and unequivocally upheld these views, and, indeed, it may be said that they have been maintained by every writer who has discussed the subject and who is entitled, by special study or experience, to speak with authority.

I shall confine myself now, however, to quoting the testimony of three eminent members of the profession in this country :

"Looking at the whole case from beginning to end, I do not see that the treatment could have been altered in any way to the advantage of the illustrious patient ; nothing was done that should have been omitted, and nothing was left undone that could possibly have been of benefit."<sup>1</sup>

"The President's surgeons did all that men could do ; all that the present state of science would permit ; and all that could have been done even if they had at first ascertained the course and direction of the ball. Our whole medical literature does not contain a single well-authenticated case of recovery from such a wound." "He had not the least chance of recovery under any circumstances or any treatment."<sup>2</sup>

"In reviewing the history of the case of President Garfield I can find no reason for adverse criticism of any part of the management."<sup>3</sup>

In conclusion, it may be asserted that, after careful consideration and thorough search through the records of this and similar cases, and after the opportunity of deliberate comparison thus afforded, the following facts appear to be incontrovertible :

1. It was never possible at any time or by any method to as-

<sup>1</sup> Dr. John Ashhurst, Jr., in *North American Review*, December, 1881, p. 594.

<sup>2</sup> Dr. J. Marion Sims, *Ibid.*, p. 600.

<sup>3</sup> Dr. John T. Hodgen, *Ibid.*, p. 610.

certain definitely and safely the precise character and extent of the President's wound.

2. Any attempt in this direction further than was made by the attending surgeons would in all probability have resulted fatally at once, and their steadfast resistance to extraordinary influence in favor of operative interference entitles them to great credit.

3. The treatment, which was directed to meeting the indications as they arose, was in every respect that which it would have been necessary to adopt had it been possible fully to determine the exact nature of his injuries.

4. Life was prolonged for an unusually protracted period by the careful and skilful attention which the distinguished patient received.

5. Death resulted from the secondary effects of the wound upon structures far beyond the reach of surgical interference.

6. No undoubted instance of recovery from such a wound is to be found recorded in surgical literature.

*Copied from the New York Medical Gazette of January 21, 1882.*

EDITORIAL—THE TREATMENT OF THE LATE PRESIDENT'S WOUND.

In the *Wien Medicin Wochen*, No. 47, 1881, Prof. Max Schuller, after giving a complete history of the late President's case, concludes as follows:

"Taking into consideration all the circumstances connected with this gunshot wound, it is evident that the determination of the direction taken by the missile by probing would have been extremely difficult, and, if it had been possible, would have been accompanied by great danger to the patient. It is probable that the track of the bullet through the muscular tissue it traversed was so irregular, and the tissue itself so torn by the projectile fired at so close range, that an immediate attempt to follow in the direction of the ball would have been futile.

Among the symptoms which presented themselves immediately after the receipt of the injury, only the pain and disturbance of sensibility in the lower extremities gave an indication of the true course of the bullet."

"This disturbance of sensibility in both lower extremities would scarcely have occurred without a lesion of the cord (either by extravasation and pressure upon the dura or a direct injury of a light grade of the substance of the cord) above the point of origin of the nerves distributed to these members. If, however, the supposition has been entertained that the vertebral column was wounded, the question of indication for treatment would not have been different from that instituted by the attending surgeons."

"To prevent sepsis in gunshot injuries and to bring to a successful issue such a wound as that received by *President Garfield*, is one of the most difficult achievements, and cannot always be accomplished, even with the most careful and assiduous application of antiseptic surgery."

Dr. Schuller has fallen into the error of supposing that nervous sensation or pains can always be traced to some specific lesion of the nervous system; while nothing is better established than that such sensations are often wholly unreliable as a means of exact diagnosis. The literature of nerve injuries is replete with examples which illustrate the truth of this statement. Lesions of the *ganglionic* system, where there is no lesion of the nerves of common sensation or of motion, often cause reflex pains and paralysis in one or both extremities or in other parts of the body. Ordinary colic, or distention of the stomach by gas, may cause pains in various parts of the body; and if the disturbance or lesion of the ganglionic nerve is persistent, (as it would be in case of its being traversed by a ball,) the reflex pains would necessarily be persistent. There was no positive evidence, therefore, furnished by the pains, first in the right foot and then in the left, that they were not caused by such an injury, and especially since these pains only lasted a short time.

"It is true, also, as shown by Mitchell, that an injury of the spinal nerve is not always expressed by pains in that part of the



body which corresponds to its distribution. The author relates the case of a man who, being wounded by a ball in his right thigh, felt pain only in the left thigh; and in another case cited by him an injury of the right sciatic nerve caused paralysis of the right arm and only paresis of the right thigh. But in a matter so well known to medical men it is unnecessary to cite examples. We do not deny that the rule is otherwise, so far as lesions of nerves of common sensation are concerned, but the exceptions are so frequent as, in the total absence of other evidence but a temporary, symmetrical pain in the lower extremities, to justify the inferences made by the surgeons in the case of the late President.

“It is certain, also, that in case it were to have been necessarily inferred from the pains in the feet that the spine had been injured, it could not indicate whether it was simply a concussion, the ball having glanced off in some other direction, or an actual penetration of the spine, the ball remaining embedded in that structure, or a complete perforation the ball be lodged at some point remote from the spine. It would determine, in short, nothing of any practical importance; *as Dr. Schuller justly says, it would not have changed the indications of treatment, or to use his exact language, ‘the treatment would not have been different from that instituted by the attendants.’*”

“While we were writing, the *British Medical Journal* for December 27, 1881, came to hand, and we find in it a very full expression of opinion on this subject by its editor. He thinks that during the first 24 or 48 hours after the receipt of the injury some further exploration might properly have been made, but it is evident from his statements that he was not well informed as to the extent of the explorations which were actually made by *Drs. Wales, Bliss, and Woodward*. He does not doubt that the splenic artery was injured, nor does he think that any exploration, however thoroughly made, could have averted the fatal result; *and in this conclusion he declares himself in accord with the opinions of Drs. Sims, Ashurst, and Houlgen*, as expressed in their several papers published in the December number of the *North American Review*.

"When, therefore," says the editor of the aforementioned journal, "the injury came in the form of a severe gunshot fracture of two ribs, and the perforation of the vertebral column, not to mention the other accompanying lesions, the chances of escape became infinitesimal that the wound might be strictly regarded as a fatal one. No particular mode of surgical treatment, no amount of skilled nursing and attention to hold out a reasonable hope of being able to avert the fatal result. *Professional skill, devotion, and extreme watchfulness, might prolong life, as we believe they did to its utmost tether in the President's case, but either in the form of blood-poisoning, or if not in that, in the form of exhaustion, or in some other manifestation of the kind, the fatal end was sure to follow.* We have expressed regret that the early exploration of the wound was not more complete, in the belief that the diagnosis and prognosis would have been rendered clearer, had it been, and that some of the passing complications which ensued might probably have been evaded; but it never occurred to us, when once the true nature and extent of the lesions were fully exposed at the examination after death, that the exploration could have exerted such an influence as to stop the final result."

As the editor of the *British Medical Journal* alludes to the matter of placing the patient in the same position in which he was when the ball was received before proceeding to probe, but naively remarks that, owing to the shock this may not have been possible in the President's case, we take the liberty of suggesting to him that this rule, given in the writings of certain surgical authors, was never intended to apply to anything but muscular wounds, and especially wounds of the extremities, in which a restoration of posture does occasionally cause a restoration of the channel made by the ball, and which would otherwise be obliterated by the action of the muscles as sliding valves; but even in these cases it is seldom, as all army surgeons know, of any value. No surgeon of experience, of reputation, nor who has ever given the subject a moment of thought, has ever advised this to be done in the case of a gunshot wound of the belly or any of the large

cavities; for the reason that it could be of no possible use—the channel through the viscera could not thus be restored. This is especially true in case the ball has entered the abdomen. The intestines, especially after being wounded, are in constant motion; and to think of restoring the channel of the ball by this method is simply puerile, and its mention is unworthy a medical student.

If the ball had passed through the liver, whose position is changed by every degree of inflection of the body, the difficulties would be the same. There are other reasons, also, why surgeons have never taught that, in case of an abdominal wound, such as that suffered by the President, the patient should be put again upon his feet; namely, first, that if the intestines have been perforated the effect of this would be to hasten and make certain the escape of their contents into the peritoneal cavity, and thus vastly increase the danger of a fatal result; second, there may be, for aught we can know, a concealed hemorrhage, which would be necessarily increased by such a change of position; and, third, that the patient is almost invariably suffering under such extreme prostration from the shock that to maintain him in an erect position until the probing was completed and the ball extracted would be simply impossible or promptly fatal.

Surgeons have, therefore, always enjoined perfect rest in the horizontal posture from the first moment after the accident, and they are not likely hereafter to teach any other doctrine, or to disturb the viscera with probes after belly wounds, in any position of the body. No one has yet followed these absurd and dangerous suggestions, or if he has, he has taken good care to conceal his results.

*The London Lancet* for September 24, 1881, concludes a somewhat lengthy review of the President's case, as follows: "The fact that life had been so long preserved is the best evidence in favor of the surgeons."

We wish to add to these rather desultory remarks a word or two more in reference to the question of the practicability of introducing probes or drainage tubes into the track of the wound.



It is a matter of fact, capable of the easiest demonstration, that the course of the ball was not straight. These are the known facts denied by no one. The ball struck the eleventh rib about three inches from its anterior extremity; then the twelfth rib near its posterior extremity; then the fibro-cartilage between the last dorsal and first lumbar vertebra, near the root of the transverse process, from which point it passed forward and downward, emerging from the front of the first lumbar vertebra only a little to the left of the centre; and here was again deflected to the left, until it became lodged under and below the pancreas, two or three inches to the left of the spine. In this course it had suffered, as any one may demonstrate on the skeleton, four marked deflections; first, on the eleventh rib; second, on the twelfth rib; third, as it entered the spine; fourth, as it emerged from the spine. Such being the actual fact, to have carried a probe or drainage tube through its channel would have been impossible. But admitting that the channel had been straight, every surgeon knows that such channels in the cavity of the belly do not remain open for the convenience of the surgeon, and, as we have already stated, they cannot be re-established. It is, to our mind, evidence of the lack of knowledge and experience in surgery for any man to say that he could carry a probe safely among the vital tissues to the depth of seven or ten inches; and (as in the President's case it must have been carried) behind the kidney, between the liver and colon, or behind both to the spine, and through the spine to the seat of the ball.

*Mr. Garfield had a very broad chest, and it is quite probable that the distance of the ball as found in a straight line was twelve inches. Whoever talks of cutting or probing for the ball, or of satisfactorily draining it through drainage tubes, seems to us to talk nonsense; and we are not surprised therefore that the almost unanimous expression of the medical profession at home and abroad is that the surgeons pursued the only course which presented any chance of saving or of prolonging the life of the patient.*

WASHINGTON, D. C., February 2, 1882.

HON. E. B. TAYLOR,

*Chairman of the Committee for Auditing Claims for Services and Expenses Growing out of the Illness and Burial of the late President of the United States, James A. Garfield:*

SIR: Attention having been called to the expressed wish of your Committee, as set forth in the resolution, requesting of those persons whose services to the late President Garfield are to come before you for consideration an estimate of the value of those services, I have the honor to state that, after a full conference with the medical gentlemen associated with me in attendance upon the President, I am requested by them to express their earnest desire to meet the wishes of the Honorable Committee, while yet, as a matter of delicacy, they beg to be relieved from presenting bills to Congress for services rendered.

It is believed that it would be more satisfactory to the Committee, to Congress, and to the American people, to present to your Committee a statement of the services rendered in their endeavor to promote the comfort and preserve the life of the President, leaving the matter of compensation to your Committee, than to present an itemized bill.

This opinion is one of most earnest conviction, in view of the fact that the physicians have no claim against the United States, and that the action of Congress in the matter of compensation for their services is a recognition that they were rendered to the President of the United States, and not simply to the man, James A. Garfield.

My permanent counsel consisted of Surgeon-General J. K. Barnes, U. S. A., Surgeon J. J. Woodward, U. S. A., and Dr. Robert Reyburn, all of Washington, D. C.

It is proper to state that all these gentlemen gave daily per-

sonal attention to the President, and Drs. Woodward and Reyburn alternated night service, one of them being immediately with me each night until September 17, 1881.

After the President arrived at Elberon, at his request the number of physicians attending upon him was reduced, and these gentlemen retired from the case. They were, however, called to Elberon immediately after the death of the President to assist in conducting the autopsy.

The distinguished counsel from Philadelphia and New York city, Drs. D. Hayes Agnew and Frank H. Hamilton, were summoned to Washington on the night of July 3d, 1881, and arrived the following morning, remaining in consultation during that day. They were again summoned July 23d, and from that date gave alternate personal service of from three to four days each, until the death of the President.

It is perhaps unnecessary for me to state that all the physicians in attendance during the periods above-named virtually gave their entire time and attention to the case of the President, and I am glad to be able to say that the whole history of surgery shows no such striking instance of harmonious and self-sacrificing devotion to the care and comfort of a patient as was displayed by the medical gentlemen in consultation with me.

As surgeon in charge of the case, I was for eighty (80) consecutive days constantly on duty, from the time the President was wounded until his death. This service included day and night attendance, which required the abandonment of my private practice, and so seriously impaired my health as to prevent me from resuming my full professional duties until about the 1st of January, 1882. Dr. D. S. Lamb, of Washington, accomplished as an anatomist and pathologist, was selected to perform the autopsy, and called to Elberon for that purpose. The skilful manner in which he performed this delicate service fully justified the selection made.

I desire in this connection to pay a just tribute to the untiring and devoted services of those who performed the immediate

duty of nursing the President during his illness, viz : General Swain, Colonel Rockwell, Dr. Boynton, Mrs. Dr. Edson, Mr. O. C. Rockwell, and Steward Wm. T. Crump, whose health was seriously, and it is believed permanently, impaired by his continuous and exhausting duties.

Last, but not least, I desire to specially mention the faithful services of President Garfield's family servant, Daniel Scroggs, (colored.)

Therefore, the compensation for services rendered in the case of the lamented Garfield, which so keenly touched the sympathy of all and engaged their anxious solicitude, is respectfully submitted to your deliberate judgment.

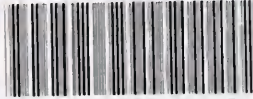
I have the honor to be, very respectfully, your obedient servant,

D. W. BLISS.



YA 9341

LIBRARY OF CONGRESS



0 013 789 722 2